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CONFIRMATION NO. 2705

|   |   |                               |   |  |                                |
|---|---|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/627,197  | <b>FILING OR 371(c) DATE</b><br>07/25/2003<br><b>RULE</b>   | <b>CLASS</b><br>134           | <b>GROUP ART UNIT</b><br>1746   | <b>ATTORNEY DOCKET NO.</b><br>6213<br>USA/AGS/IBSS |                                |
| <b>APPLICANTS</b><br>James W. Fronsdaahl, San Ramon, CA;<br>Svetlana Sherman, San Jose, CA;   |   |                               |   |  |                                |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/398,997 07/26/2002 <i>JSU</i>  |   |                               |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br><i>None</i>   |   |                               |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 12/02/2003</b>  |   |                               |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met <i>Allowances</i> |   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>5  | <b>TOTAL CLAIMS</b><br>35                          | <b>INDEPENDENT CLAIMS</b><br>6 |
| Verified and Acknowledged <i>[Signature]</i><br>Examiner's Signature <i>[Initials]</i>  |   |                               |   |  |                                |
| <b>ADDRESS</b><br>41161   |   |                               |   |  |                                |
| <b>TITLE</b><br>Hydrophilic components for a spin-rinse-dryer   |   |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>1402  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |